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THE

MONTREAL MEDICAL GAZETTE,

BEING

A Monthly Journal of Medicine,

AND

THE COLLATERAL SCIENCES.

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Edited by Francis Badgley, M. D., and William Sutherland, M. D.

VOLUME I.—NUMBER IX.

SUBSCRIPTION—FIFTEEN SHILLINGS PER ANNUM.

CORRESPONDENTS ARE REQUESTED TO ADDRESS THE EDITORS, AND IN EVERY INSTANCE, TO PREPAY THEIR COMMUNICATIONS.

PRINTED AND PUBLISHED BY LOVELL & GIBSON,
AT THEIR BOOK AND JOB PRINTING OFFICE, IN ST. NICHOLAS STREET, IN REAR OF THE PEOPLE'S BANK.
1844.

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Anatomy and Physiology,..... 2 P. M., Dr. H. NELSON.
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VOL. I. MONTREAL, DECEMBER 2, 1844. No. 9.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—In my last communication, (that "ponderous production," as Dr. Nelson names it, very justly, for I doubt not it weighed heavily on his pathology quotations and inferences,) I stated, that the question at issue between Dr. N. and myself was of very small dimensions, being confined chiefly to the determination of what constituted the post mortem evidences of peritonitis. It is satisfactory to find I have laid down the law so correctly, that Dr. N. no longer denies that effusions and adhesions are to be met with even before the disease "has passed through some of its phases." In his former paper, Dr. N. boldly asserted that such events were not to be looked for except towards the close. His words are—"Those are the products of slow or sub-acute inflammatory action, and when present, prove that it had been protracted." Now, however, it is allowed they might have occurred, and *if they were not found after death*, they had been carried away by the copious perspirations of approaching dissolution!!!; in corroboration of which notable discovery, we are treated with the case of a baker baked to death in his own oven, and that of a quack who sweats all his patients.

The Doctor, it would appear, has now entirely given up peritonitis, as the cause of the death, for he says, "Now it so happens that the inflammation in C.'s case was of so short duration, as not to shew the usual consequences"; again, "that twenty-four hours after treatment commenced, all the acute symptoms ceased"; and again, leeches were not applied, because "the disease yielded to the general treatment."

It appears I was right, then, so far as the peritonitis was concerned, in stating that the body did not exhibit sufficient evidence to account for death.

But it turns out that the case published as an exquisite case of peritonitis, was one in which the peritonitis was a comparatively unimportant accident, and that the chief role was played by an external inflammation. If Dr. N. had not made the peritonitis of such importance at first, it would have saved him and myself considerable trouble; him, in producing quotations; and me, in shewing that they were either distorted from their true meaning, or entirely irrelevant. Dr. N. now lays all the blame of the death on the gangrene, and the collapse was not induced by the peritonitis; but, "verily, it was the gangrened state of the lumbar region."*

It is marvellous strange that this collapse, caused by the gangrene of the lumbar region, should have commenced thirty-six hours before death, and yet Dr. N. be so ignorant of its cause as not even to know of the bruise till examination of the body took place. It is marvellous strange that external gangrene should have commenced thirty-six hours before death, and yet eight hours after death be marked by no external appearance. The "gangrenous vesicles" even of Dr. N. did not exist at that time, and were only noticed at the post mortem, twenty-eight hours after.

Dr. N. recalls to my recollection, that I attributed the infiltrated state of the lumbar region to gravitation, and that in consequence he opened the opposite side. The difference was enough to convince me that the left side was in a state of disease consequent upon inflammation; and hence my conclusion, in accordance with his own, viz. "the left side of the loins was in the state of a bruise,"—(see my evidence.) But if the gangrene had existed thirty-six hours before death, followed by thirty-six hours more of decomposition after death, is it credible that the appearance of the part would have permitted any doubt as to the nature of its condition?

So much for the case. I am perfectly willing to allow Dr. N.'s "position" to be judged as he desires, by his first communication, illustrated, as it has been, by the remarks I have appended.

It is particularly agreeable when we find we have so conducted ourselves as not only to avoid blame from those opposed, but virtually to force them to praise. I am fortunate in having by anticipation per-

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* Dr. N. states, perhaps to explain the differences which I pointed out between his evidence and his case, that his testimony published in the *Minerve* is the only correct one. I beg to inform him, that my authority is even more authentic than the *Minerve*, inasmuch as it is the evidence signed by his own hand, and deposited in the Prothonotary's Office.

formed what Dr. N. considers worthy of approval. This was shewn in my first paper; for Dr. N. having exhorted us "to know how to discriminate before pronouncing dogmatically," I demonstrated that I had anticipated his advice, by shewing him numerous opinions agreeing with my own. Again, in his last essay, Dr. N. offers, as a rule of conduct, "the following pertinent remarks of Dr. Johnson," viz. "The more rigidly the medical witness confines himself to facts, and avoids the hazard of opinionating himself, and the indelicacy of meddling with the opinions of others, the better." Now the rigid compliance I have shewn with the rule here recommended, will be manifest by the following quotation from my former paper, when speaking of the evidence I gave at the inquest: "Imperfectly aware of the course of the case, I conceive I was not warranted in propounding a more decided opinion. As far as I was well informed, I gave a most decided testimony; when I was in doubt, I conceived myself unwarranted in giving opinions."

Quotations, however, though so frequently offered, do not appear to be the Doctor's forte, and in his case resemble the Asiatic war-elephants, which are apt to turn round upon their friends, instead of marching against their enemies.

Dr. N. assures you, Messrs. Editors, that he writes more "in sorrow than in anger." I, too, lament that I must again retort on Dr. N. his allegations respecting myself. "It is very unfortunate," he says, "that a Professor of Medicine should evince so determined a disposition to distort facts, and strive to render the worse the better cause." It is unfortunate when any one, even if not a Professor of Medicine, commits this fault; and that Dr. N. is himself obnoxious to the imputation, I convincingly shewed in my former paper. For instance, did it or did it not manifest a determination to distort, when he clipped off one half of a paragraph quoted from Mackintosh, because it contained a most decided condemnation of the theory he wished to uphold? Was it or was it not distortion, to endeavour to make Craigie and others speak in his favour, while (as I proved) their writings were entirely adverse to his position? But Dr. N.'s "determination to distort," is not confined to his first production; it is exhibited (notwithstanding the correction it received) in his second. For instance, not deigning "to sift" all the quotations with which "the Doctor attempts to bolster up his untenable (!!) positions," he "cannot help examining two of them," and then proceeds to notice a passage from Alison, and another from Hunter, as if I had applied them to the case of Champeau, saying of the latter, "what similarity is there between it and C.'s case?" while he knew these two quotations, with several others, were made not as having a similarity to C.'s case, (for *they* were *indeed*

cases of peritonitis,) but to prove the erroneousness of his pathology?

Another distortion only I shall notice. He says, "Dr. H. asserts that had C. lived, there would have been considerable sloughing," and then triumphantly asks, "what constitutes a slough, and if it be not sphacelus or gangrene?" not condescending to notice the difference between the present and the future. My words were, "I think it probable that had the man lived, suppuration to a considerable extent, with *perhaps* sloughing of a portion of the cellular and muscular tissue, *might* have ensued."

The Doctor seems pleased that I have admitted that the stomach was inflamed, (though but in a part of its mucous coat,) and says, "but mark, this had nothing to do with the other diseased actions of the abdominal viscera, not at all," &c. &c. Now this was a point which might "have edified or instructed" more than "even the merest tyro in physic." He might, then, with some "little advantage to the profession," have explained how, in a case of intense peritonitis, the whole external surface of the stomach was of its natural whiteness; and allowing that the mucous coat was inflamed, he might have pointed out why it happened to be only along the small curvature, at the greatest possible distance from the seat of the injury.

I am, &c.

A. F. Holmes, M.D.

Montreal, November 20, 1844.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

Gentlemen,—I hand you for insertion the notes of two cases lately under my care in the Hotel Dieu, should you agree with me in considering them worthy a place in your columns.

They formed the subject of my Clinical Lectures this week to the students of the College of Medicine, many of whom had seen the cases in the Hospital.

I shall avail myself occasionally of your columns, (if agreeable to you,) to lay before my professional confrères, the particulars of cases occurring in the Institution with which I have the honor to be connected, and I cannot but express the hope, that the officers of all the Hospitals in the Province will also, through the same channel, present to the members of the profession, the particulars of cases coming under their charge, and this for two reasons: 1st. Because, occupying these situations, it is expected of them both by the profession and the public; and 2d, Because many forms of disease are met with, as a matter

of course, in the wards of hospitals, which rarely, if ever, occur in private practice.

I have the honor to be,
Gentlemen,
Your obedient servant,
PETER MUNRO.

CASE OF STRANGULATED OMENTUM AND MESENTERY THROUGH A STAB WOUND OF THE ABDOMEN.

Oct. 21.—J. H. labourer, of plethoric constitution, by report of temperate habits, was admitted into the Hotel Dieu on the 23d October, for a stab which he had received the previous evening. On a level with the umbilicus, in the semilunar line of the left side, a mass of irregular circumference about three and a half inches in diameter, of a deep purple colour, and doughy feel is observable. On raising this from its edges, it is found to be a protrusion through the abdominal parietes, by an opening which it completely occupies. It is impossible to replace the protruded portion both from its size, and from evident attachment to the edges of the opening.

Gangrene being so palpable, symptoms of strangulation threatening, and being satisfied from its feel, that the intestine itself was not involved in the mass, I determined in consultation with Dr. H. Nelson to remove it, but before doing so, I gently withdrew it a little further from the abdomen; having removed the excrescence, I applied to the pedicle, sponges saturated with ice water, until no oozing was observable, when it was returned into the abdominal cavity; the man was placed in bed, with his shoulders and thighs elevated to relax the abdominal muscles; 24 ounces of blood were taken; the following purgative administered, and barley water alone enjoined for him :

Re : Calomel, one scruple. Jalap, one drachm. Mix.

2, P. M.—The pulse being full and hard, twenty ounces of blood were again taken, 10 grains of calomel given.

5 P. M.—No action of the bowels, a strong mixture of salts and senna were given.

8 P. M.—12 ounces of blood again taken, and 4 grains of calomel ordered.

24th, 9 A. M.—No action of the bowels, the pulse full and strong, 24 ounces of blood from the arm ; an ounce and a half of castor oil to be taken immediately.

2 P. M.—Eight more ounces of blood taken. Blisters were applied to the insides of the thighs, as revulsives ; two grains of calomel to be taken every two hours during the afternoon.

8 P. M.—The bowels have acted powerfully.

25th.—No pain over the abdomen, but the skin is dry and feverish, the tongue furred and whitish at the edges ; a quarter of a grain of tartrate of antimony to be given in solution every hour until nausea is induced : he took four portions.

26th.—Reports himself better, less fever, pulse soft, but the bowels have not acted since the evening of the 24th : to take an ounce and a half of castor oil.

This tendency to constipation continued until the 5th November, and castor oil was from time to time prescribed.

27th.—Considerably relieved, but this morning complains of great weakness, and lowness of spirits. I ordered for him a drachm of tincture of assafœtida.

30th. In every respect better, but complains of sleepless nights, half a grain of the acetate of morphia ordered; he is now for the first time salivated; a gargle of the decoction of bark ordered.

From this time until the 10th Nov. the same plan of treatment was pursued; gargles, the acetate of morphia at bed time, and liberal diet.

12th. He walked up to the Self-Supporting Dispensary; has no complaint, but that of weakness.

14th. Discharged cured.

GUN SHOT WOUND OF THE FOREARM.

Paschal Blanchard dit Renault œt 55, a beggar, admitted on the 3rd Nov.

In one of his journeys on the day previous, accompanied by a dog which had incurred the displeasure of one of the inhabitants of a near village, the contents of a musket, consisting of ball and duck shot, which had been intended for the dog, entered this man's left forearm at its lower third ; the radius is comminuted, no great constitutional disturbance, Sal Ammoniac applications are made to the injury, and a dose of opening medicine ordered; went on well until the morning of the 6th; the arm and hand were much swollen and the hand covered with immense phlyctenæ, the skin purple, œdema of the wrist, the wound flabby, and emitting a gangrenous odour. Amputation resolved upon, which was performed at half-past one P. M. assisted by Dr. Sutherland, in the presence of the Clinical Class. Liston's operation was performed, and it answered remarkably well.

A perfectly similar case to this last is reported in the 1st Oct. number of *La Lancette Française*. Want of space prevents our inserting it in this number. It arose from a fracture of the radius, and notwith-

standing the employment of the most vigorous means under M. Velpeau, the case terminated fatally on the eleventh day after admission, by phlebitis.]—Eds. M. M. Gazette.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

Messieurs,—Si vous croyez la communication suivante digne d'occuper une place dans votre si utile publication, et si vous ne la pensez pas sans intérêt pour la Science au développement de laquelle vous consacrez vos veilles, vous m'obligerez beaucoup, en l'insérant dans votre prochain No.

Messieurs,

Votre très-humble et obéissant serviteur,

F. Mesnard.

St. Lin, 10 Octobre, 1844.

APPRECIATION DE LA TAILLE " RECTO-VESICALE" ET DES TAILLES " LATERALISEE" ET " BI-LATERALISEE."

Il appartiendrait, sans doute, à un savoir plus profond, à une expérience plus longue et à une plume mieux exercée, de mettre sur le tapis un sujet qui mérite autant de fixer l'attention de ceux qui se dévouent au soulagement de l'humanité souffrante, que l'opération qui a pour objet l'extraction des calculs de la vessie.

Il est vrai que les diverses manières d'opérer dans cette maladie, ont subi de longues et savantes contraverses dans la vieille Europe. Il n'est pas un seul chirurgien de renom, qui n'ait adopté telle ou telle méthode ; et qui ne l'ait vantée de tout son pouvoir, en déprêciant toutes les autres. De ce conflit d'opinions, n'en doutons pas, surgiront des lumières nouvelles, dont le genre humain, en proie à tant de misères, profitera avec avantage. Rien donc n'est plus louable que de contribuer, chacun selon ses capacités, à l'avancement d'une science dont les conséquences peuvent être, tantôt si heureuses, tantôt si funestes, sans qu'il en dépende quelquefois de la main qui les fit naître.

De là, la nécessité si urgente d'avoir des principes certains et des règles invariables. Mais quand la science pourra-t-elle se flatter d'être parvenue à ce *ne plus ultra* de supériorité ? Lorsque la température sera soumise à des modifications fixes dans tous les pays et dans toutes les saisons ; lorsque chaque maladie présentera, partout et chez tous les sujets, la même série de symptômes ;

lorsque les mêmes causes produiront infailliblement la même maladie ; lorsque le même remède aura invariablement le même effet chez tous les individus ; lorsque les individus eux-mêmes présenteront une conformation anatomique parfaitement semblable, et les mêmes phénomènes physiologiques (*) ; ce qui équivaut à dire, jamais !

Mais est-ce à dire, pour cela, qu'il faille renoncer aux recherches qui peuvent conduire à des conséquences plus probables, à des moyens plus sûrs et plus expéditifs, à des résultats, par conséqent, plus satisfaisans et pour le malade et pour l'homme de l'art ? Bien loin de cela, c'est une raison de plus pour aider le mouvement de progression dont toutes les branches de la médecine sont susceptibles presque à l'infini. Or, le meilleur moyen est, sans contredit, de se communiquer mutuellement ses essais, ses idées et ses réflexions, par le canal de la presse. Le plus faible talent peut quelquefois contribuer pour quelque chose à ce but désirable.

Tel est le motif qui m'a induit, moi, jeune et obscur médecin d'une campagne reculée, à publier mes réflexions sur les avantages de la taille *recto-vesicale*, lesquelles m'ont été suggérées par un cas que j'ai eu dans le mois dernier, et où le succès heureux a dépassé mon attente.

Qu'il soit bien entendu que je ne veux point froisser les opinions de qui que ce soit, ni soulever une discussion où la passion se mêle trop souvent. Libre à chacun de croire un autre procédé meilleur. Mon but et mon désir seront remplis, si je puis seulement faire naître à quelqu'un de mes confrères une idée utile.

Quelle est la fin que se propose le chirurgien, lorsqu'il pratique une opération ? C'est de rétablir l'équilibre des forces vitales et de la santé chez l'individu souffrant, en retranchant le membre, ou extrayant le corps étranger qui peuvent nuire à l'économie et entrainer souvent la mort. Or, pour parvenir sûrement à cette fin, quel sera le moyen qu'il devra choisir, entre ceux qui lui sont offerts ? C'est dans le choix du moyen, où le chirurgien montre surtout sa sagacité et sa bonne foi. C'est là qu'il doit laisser de côté tout préjugé et tout sentiment d'égoisme, et ne pas pousser l'ambition jusqn'à sacrifier l'intérêt du malade à sa propre célébrité, ce qui est malheureusement quelquefois le cas : car il n'est pas sans exemple qu'un chirurgien ait adopté tel ou tel procédé, parce que

(*) On pourrait peut-être ajouter : lorsque les médecins ne seront plus jaloux les uns des autres !

l'opération, faite généralement en présence de plusieurs confrères, sera plus brillante, ou présentera plus de difficultés, dont le triomphe pourra ajouter à sa gloire, et cela, sans avoir égard aux chances que pouvait avoir le patient.

S'il était possible de trouver un procédé qui réunît à lui seul toutes les conséquences favorables, celui-là devrait être adopté. Ces conditions seraient, à mon avis, les suivantes.

1°. Le moins de dangers pour la vie du patient, ou les dangers les plus éloignés.

2. La guérison probablement la plus prompte et la plus permanente.

3°. Le moins de douleurs pour le patient, qui en a toujours assez.

4°. Le plus de célérité, qui offre toujours plus de chances de succès, lorsqu'elle ne vient pas de la précipitation du chirurgien, mais de

5°. La simplicité des appareils et du procédé opératoire, qui effraie moins le malade et réussit généralement mieux, parceque l'irritation étant moins considérable, les symptômes inflammatoires le seront aussi.

6°. Le moins d'infirmités probables après la guérison.

7°. Enfin, l'adhésion du malade à la méthode adoptée, lorsque cela peut s'accorder avec les conditions mentionnées plus haut.

Dans le plus grand nombre des cas, il est impossible de rencontrer à la fois toutes ces conditions : alors, il faut savoir prendre celui qui en réunira le plus. C'est ce qui arrive surtout dans l'opération de la taille. Parmi le nombre presqu'incalculable de procédés qui ont été essayés, loués et condamnés, il est impossible d'en trouver un seul qui ne pêche par quelqu'endroit. Or, en admettant les conditions ci-dessus comme base d'appréciation, l'on reconnaîtra facilement, j'espère, que de toutes les manières d'opérer pour le calcul vésical, la taille recto-vésicale est celle qui, chez l'adulte et surtout chez le veillard, présente le plus grand nombre de ces conditions essentielles (*).

(*) Je ne m'arrêterai pas à parler des tailles hypogastrique et médiane, ni de celles de MM. Vidal, Senn et Thompson, qui ne sont pas encore généralisées, et qui seront probablement encore longtemps regardées comme exceptionnelles. Les tailles mentionnées dans le titre de cet article étant celles qui ont réuni le plus grand nombre de suffrages, seront les seules appréciées ici.

I.

LE MOINS DE DANGERS POUR LA VIE DU PATIENT PENDANT L'OPERATION, ET DE DANGERS CONSECUTIFS A L'OPERATION.

Un des accidens les plus rédoutables qui se présentent assez fréquemment dans la taille latéralisée et la taille transversale est l'hémorrhagie, qui peut avoir lieu pendant ou après l'opération. Elle est quelquefois si effrayante, que les moyens les plus prompts, les mieux dirigés, ne peuvent la vaincre, lorsque le malade succombe sous les yeux mêmes du chirurgien consterné. Comme il est impossible de la prévenir, le patient est toujours dans la pénible et affreuse obligation de faire le sacrifice de sa vie, qui ne sera peut être plus que de quelques heures. Ces hémorrhagies sont occasionnées par la section de l'artère transversale du périnée, ou de la transversale superficielle, ou même de la honteuse interne et quelques unes de ses branches anormales, &c. &c. Lorsque la ligature ne peut être appliqué immédiatement sur ces artères, il faut alors avoir recours à la torsion ; mais faut-il pour cela, que le vaisseau soit découvert, ce qui n'est pas toujours chose facile, ou à la cautérisation qui a failli assez souvent, ou encore au tamponnement, ou ce qui revient au même, aux pinces compressives de Dupuytren, deux choses extrêmement douleureuses, tant dans leur application que dans leur séjour au sein de la plaie, outre que l'irritation qu'elles produisent peuvent entraîner des désordres que le traîtement le mieux suivi ne peut pas toujours corriger. Et que faire, lorsque tous ces moyens fautifs vous manquent à la fois ? Laisser mourir un malheureux qui se sera jeté entre vos bras, avec confiance et abondon, afin d'être délivrée d'une mort certaine, mais encore éloignée, que vous lui procurez dans quelques instans, n'est-ce pas ? Fatale conséquence ! car ce que le célèbre Dupuytren n'a pu, ni prévoir, ni empêcher, il est difficile de se flatter d'en venir à bout.

Ces procédés n'offrîssent-ils que ce seul danger, il serait, ce me semble, suffisant pour ne les employer que dans des cas où une impossibilité reconnue empêcherait de pratiquer la taille recto-vésicale. Mais nous aurons occasion d'en reconnaître d'autres dans la suite de cet article, et je me contenterai de mentionner encore, pour le moment, les infiltrations urineuses dans le tissu cellulaire ou entre les fasciæ du périnée ; la difficulté, dans la taille latéralisée, d'extraire de gros calculs, par une petite ouverture ; l'inconvénient de ne pas suivre la ligne médiane, ce qui peut exposer à blesser les

canaux éjaculateurs, les vésicules séminales, et même la terminaison des urétères, comme cela est arrivée, au rapport de M. Velpeau.

La taille recto-vésicale ne présente aucun de ces inconvéniens. L'hémorrhagie n'est nullement à craindre, par l'absence de tout vaisseau d'importance dans les lieux où pénètrent les instrumens : elle permet l'extraction facile de calculs volumineux : plus que dans toute autre méthode, on reconnait de suite la situation des parties internes et des organes à blesser ou à éviter : vous suivez aisément la ligne médiane : enfin, vous agissez avec la plus parfaite sécurité car vous savez que si le malade a des risques à courir, ils ne sont pas imminens, et que vous avez toujours le temps de les prévoir et de les combattre. Les infiltrations ne sont pas à craindre, vû la direction déclive qu'affecte la plaie, lorsque le malade est sur son lit, et la contiguité des sections interne et externe. Pas plus que dans les autres procédés, vous n'êtes exposé à blesser le péritoine, surtout dans le procédé adopté par le professeur Italien Vacca, que j'ai suivi en partie dans le cas que je rapporterai plus bas.

Quand aux accidens qui peuvent survenir soit de l'inflammation, soit de l'excoriation, soit du gonflement des testicules &c., elle les partage avec les autres méthodes qui ne sont pas plus parfaites sous ce rapport.

II.

LA GUERISON PROBABLEMENT LA PLUS PROMPTE ET LA PLUS PERMANENTE.

Il n'y a rien à dire sous ce chef ; les trois opérations étant, sous ce rapport, dans un complet équilibre. Dès lors, la taille recto-vésicale ne mérite pas plus de dépréciation à cet égard que les autres, tandis qu'elle a des avantages réels et précieux qu'on ne saurait contester.

III.

LE MOINS DE DOULEURS POUR LE PATIENT.

Certainement qu'un homme qui depuis des années, souffre cruellement d'une maladie quelconque, et qui, pour s'en débarrasser, se détermine à subir une opération, désire ardemment souffrir le moins possible. N'y aurait-il pas cruauté, que de l'exposer, sans des raisons extrêmement graves, à des souffrances plus grandes que celles requises par une nécessité absolue ? D'ailleurs, il est bien reconnu que moins une opération est douloureuse, plus grande est la chance de succès et plus prompte est la guérison.

Maintenant, sous ce rapport, la taille recto-vésicale l'emporte de beaucoup sur toutes les autres, en ce que l'on pénètre dans la vessie, et que l'on termine la solution de continuité par deux incisions simples, tandis que l'incision extérieure des autres ne peut se faire que par la section graduelle des tégumens, du tissu cellulaire, des muscles du périnée et de ses expansions aponévrotiques ; toutes choses qui fatiguent le patient, épuisent ses forces physiqoes et morales et disposent, par là même, à de plus grands dérangements dans l'économie.

IV.

LA PLUS GRANDE CELERITE'.

D'après ce que nous venons de dire, il est facile de concevoir que la taille recto-vésicale mérite encore ici de fixer l'attention du chirurgien. Car, toutes choses égales d'ailleurs ce qui peut se faire plus promptement, doit toujours être préféré, suivant cet axiome d'Asclépiades : *citô, tutè et jucundè.* Et je suis convaincu que peu de patiens à qui l'on posera une semblable question se rangeront contre moi.

V.

LA SIMPLICITE' DES APPAREILS ET DU PROCEDE' OPERATOIRE.

Un bistouri droit, à tranchant légèrement convexe, ou même tout simplement, un scapel un peu long et étroit, une sonde canelée et des tenettes droites et courbes, constituent tout l'appareil requis pour la taille recto-vésicale. Il n'en est pas de même des autres manières d'opérer, où il faut étaler aux yeux du malade déja trop épouvanté, une table chargée d'un nombre infini d'instrumens de toutes sortes, les uns pour l'opération, les autres pour parer aux accidens (dont le patient doit être prévenu), et tous les préparatifs du pansement,

Quand au procédé opératoire, étant de beaucoup plus simplifié, s'il n'offre pas plus et moins de dungers, s'il est moins douloureux et d'une exécution plus prompte que les autres, si la guérison en est aussi facile, il mérite, sans aucun doute, la préférence.

VI.

LE MOINS D'INFIRMITÉS APRÈS LA GUERISON.

Pour ce qui est de cette condition, je convient que la taille recto-vésicale ne la rencontre pas toujours, et que des fistules *uréthro-rectales* sont quelquefois une de ses fatales conséquences. Néanmoins, lorsqu'une faible portion de la muqueuse intestinale est in-

téressée, lorsque le chirurgien a pris soin de n'ouvrir que la partie membraneuse de l'urèthre et une partie de la prostate, sans toucher à toute l'étendue du col de la vessie et pas du tout à son bas-fond, il est extrêmement rare que cet accident soit à craindre.— D'ailleurs, sommes-nous bien certain, dans les tailles latérale ou transversale, que le bistouri ou le lithotome ne blessera pas, en revenant, la paroi antérieure du rectum, d'où il s'ensuivra une fistule d'un caractère souvent plus dangéreux, parce que la paroi intestinale n'étant pas toujours divisée dans toute son épaisseur, l'inflammation s'étendra, de la fibreuse à la muqueuse, laquelle finira par s'ulcérer et formera la fistule dont je viens de parler ?

Au reste, c'est le seul reproche raisonable qu'on ait pu faire jusqu'à présent à ce procédé si supérieur à tous égards, et nous verrons tout-à-l'heure s'il mérite réellement le grand cas qu'en font les détracteurs de la taille recto-vésicale, dont le seul défaut reel est d'être trop moderne et trop simple. On ne sait malheureusement que trop que toutes les inventions et les découvertes modernes sont toujours opposées vigoureusement pendant un certain nombre d'années ; mais tôt ou tard elles finissent par triompher de la ligne que l'on avait formée contre elles, et on les voit alors jouir de l'honneur qu'elles méritent.

D'un autre côté, une certaine classe d'hommes est sans cesse portée à repousser tout ce qui, par sa complication, ses dangers et sa difficulté, n'est pas revêtu d'un caractère de grandeur, de hardiesse, qui puisse faire une espèce de demi-dieu de celui qui conçoit et exécute une telle entreprise. A ceux-là, je dirai que si leur gloire pouvait en souffrir pour quelque chose, il y aurait bien compensation, soit dans les succès, soit dans la reconnaissance du patient au bien-être duquel ils auraient sacrifié un peu de vanité.

VII.

L'ADHESION DU MALADE A LA METHODE ADOPTÉE.

Lorsq'une opération est déterminée, je crois du devoir du chirurgien, s'il y a plusieurs manières de la faire, d'en informer le malade, et de lui laisser voir, d'une manière approximative, les avantages ou les désavantages, les chances ou les dangers qu'il encourra dans chacune ; du moins si le temps et les circonstances le permettent. Par exemple, comme la taille ne reclame pas une détermination très prompte, et que toujours liberté entiere est laissée au malade pour s'y décider, il n'y a aucun inconvénient à lui faire bien comprendre sa position et les résultats de telle ou telle manière

d'opérer. Des lors, il convient de lui laisser le choix, après l'avoir néaumoins éclairé sur ce qu'il peut y avoir de plus avantageux.

Maintenant, prenez cent calculeux, et tenez-leur le langage suivant : nul moyen ne se présente de vous sauver que l'extraction du corps étranger qui vous cause les douleurs atroces que vous éprouvez et dont le séjour trop prolongé dans la vessie peut vous conduire au tombeau. Mais ce corps peut-être extrait de trois manières principales, dans deux desquelles vous courez des dangers immédiats, c'est-à-dire, que vous pouvez mourir en quelques instans et pendant l'opération même : toutes deux sont plus longues, plus douloureuses, plus compliquées, plus dangereuses que la troisième où vous ne courez aucun danger imminent, dans laquelle la douleur et la durée sont notablement diminuées. Les dangers consécutifs sont les mêmes dans toutes les trois, ainsi que les chances de guérison. Mais par la troisième, il nous restera peut-être une fistule pour le reste de votre vie, tandis que par les autres, vous guérissez généralement plus complettement, quoique pourtant une fistule puisse avoir lieu par accident. Maintenant choisissez, et dites-moi par quelle methode vous voulez que je vous opère."

Toutes les personnes à qui j'ai posé la question m'ont répondu, sans exception : si nous étions dans le même cas, nous demanderions la troisième, et je suis convaincu que les cent calculeux répondraient de même. Et après tout, si le malade préfère être exposé à une fistule assez rare et souvent peu incommode, que de courir des dangers grands et réels, de quel droit un chirurgien viendra-t-il dire, comme un médecin du Canada, le printemps dernier, dans une consultation sur le choix entre la taille latéralisée et la taille recto-vésicale :* "je ne consentirai jamais à la taille recto-vésicale, car je ne veux pas qu'il soit dit qu'un malade que j'aurai opéré reste, après l'opération, avec une infirmité dégoutante ; autant vaut la mort qu'une telle infirmité, &c. &c.

Toutes choses bien considérées, je ne vois pas quel si grand cas, nous chirurgiens, devons faire d'une fistule qui pourra arriver une fois sur dix ou douze,† lorsque la personne qui en sera la victime

*Le tiens ceci d'un des médecins avec lequel eut lieu la consultation, et du patient même que l'on devait opérer. Je ne garantis pas ses propres paroles, mais c'en est au moins le sens.

† Je demande qu'il me soit permis de citer un passage remarquable de L. J. Bégin, sur l'importance des calculs que l'on a faits pour donner la préférence à telle ou telle méthode.

"Toutes les méthodes qui viennent d'être décrites," dit notre auteur, "pour "exécuter l'opération de la taille, présentent des avantages et des inconvéniens

et la plus incommodée, la considérera comme peu de chose, en comparaison de l'obligation d'exposer sa vie à des chances très incertaines. Remarquons bien qu'il ne nous est jamais permis de nous jouer de la mort des individus qui se confient à notre prudence, et qu'aucune considération personnelle de réputation ou de satisfaction individuelle ne doit nous laisser entraîner à risquer, pour un moment la vie d'un homme sans qu'une nécessité rigoureuse ne nous y contraigne. Eh! parce qu'un homme pourra *peut-être* demeurer avec une infirmité plus ou moins incommode, nous irons de sang froid, l'exposer à une mort prompte et terrible!

Avouons plutôt que, si quelques uns cherchent encore à jeter du blâme sur la taille recto-vésicale, c'est la consequence déplorable de l'antipathie qu'ont généralement les hommes contre toute espèce d'innovation, quelqu'avantageuse qu'elle puisse être, jusqu'à ce que, par le temps, il se soient familiarisés avec elle: alors le voile tombe, les obstacles se dissipent, et l'utilité en parait dans tout son éclat. Une autre remarque qui ne sera peut-être pas déplacée ici, c'est qu'un grand nombre de ceux qui la déprécient n'ont jamais été à même d'en voir les résultats heureux, et portent *ex-abrupto* un jugement de condamnation, puisé dans un auteur souvent jaloux, qui n'en indique la dénomination qu'afin d'avoir l'occasion de lancer une censure contre une amélioration à laquelle il n'a pas contribuée ou qui n'a pas été découverte par un compatriote.

J'avouerai que j'avais moi-même contre elle de très grands préjugés, parce que les auteurs que j'avais lus sur ce sujet ne m'en avaient jamais fait voir que les inconvéniens, sans avoir la généro-

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" tellement balancés, qu'il est impossible d'établir, d'une manière rigoureuse, le
" degré de supériorité qu'elles peuvent réciproquement avoir les unes sur les autres.
" Indépendemment de la nature même des choses, plusieurs circonstances acces-
" soires contribuent encore à perpétuer l'état d'incertitude où reste depuis longtemps
" cette question: ce sont les variétés infinies de l'organisation individuelle des sujets,
" les degrés divers d'habilité des opérateurs, et plus encore peut-être, les traitemens
" plus ou moins méthodiques et rationnels opposés, à la suite de l'opération, aux
" accidens qu'elle entraîne, et qui menacent si souvent la vie des individus. Les chiffres
" eux-mêmes, malgré l'importance qu'on leur a justement accordée dans ces derniers
" temps, ne détruisent que bien imparfaitement cette obscurité; d'abord, parce
" qu'ils se rapportent à des résultats locaux et personnels, et ensuite, il faut le dire
" parce que trop de chirurgiens, empressés à publier leurs observations de succès,
" ne le sont pas moins à taire ou à laisser dans l'ombre les revers qu'ils éprouvent.
" C'est par cette raison que la statistique, appliquée aux opérations de la taille, n'a
" point obtenu jusqu'ici, et n'obtiendra peut-être jamais, pour résoudre les questions
" qui s'y rattachent, l'autorité dont elle jouit dans la solution d'une foule d'autres
" problèmes; et que l'on devra, pendant longtemps encore, puiser les bases d'appré-
" ciation, entre les méthodes et les procédés, dans la nature des parties intéressées,
" et les chances plus ou moins grandes d'hémorrhagie, de lésions d'organes impor-
" tans, d'infiltrations et d'autres accidens analogues, qui en résultent."
Nouveaux Elémens de Chirurgie, Tome I, P. 684 et Seq.

sité d'en faire ressentir les avantages. Mais ayant eu occasion de pratiquer le 19 juin dernier, par MM. les docteurs Bruneau et Regnault de Montréal, sur un malade de cette paroisse, j'en conçus de suite une idée des plus favorables que je conserve encore, quoique le patient soit resté incommodé d'une fistule. C'est d'après cela que je me suit déterminé à la pratiquer moi-même avec quelques modifications, sur le sujet dont je rapporterai le cas à la fin de cet article.

Maintenant, pour corroborer les opinions que je viens d'émettre sur cette question, on me permettra de citer un auteur contemporain dont l'autorité fait lois en France, en fait de chirurgie, et dont les succès attestent de la sagacité et justifient la haute célébrité dont il jouit: c'est Mr. L. J. Bégin dont j'ai parlé dans la note précédente. Les citations seront peut-être un peu longues, mais j'espère que l'on me pardonnera, en faveur de l'importance du sujet.

A continuer.

Messieurs,—Dans mon article (No. 7, de ce Journal) sur la coqueluche ou toux convulsive, j'ai omis de parler d'un médicament que le très beinveillant et illustre médecin, Fothergill, recommende (vide le 3ème volume des observations et recherches par une société de médecins de Londres) et que plusieurs autres médecins ont employé à sa recommandation, avec un très grand succès. C'est une préparation antimoniale selon la formule suivante. J'ai pensé que le Dr. Fothergill, ayant écrit ses ouvrages en Anglais, ceux auxquelles cette langue n'est pas bien familiere me sauraient gré de leur en avoir offert un extrait.

A. Von Iffland, M. D.

Yamaska, 25 November 1844.

Prenez de poudre d'yeux d'écrevisses, (*crabs eyes*) un demi gros ; de tartre émétique deux grains ; mêlez exactement.

Chaque grain de cette poudre contient un dix-huitième de grain de tartre stibié ; si on a besoin d'une dose moins forte de cette dernière préparation, on augmente la dose de la poudre absorbante ; de sorte que, par ce mélange, on peut diviser l'émétique en dose aussi petites que l'on veut.

On donne un grain et demi ou deux grains de ce mélange, auquel on ajoute cinq à six grains de poudre absorbante, à un enfant âgé d'un an, on lui fait prendre ce remède dans la matinée entre le

déjeûner et le diner, dans une petite cuillerée de lait ou d'eau. On augmente la dose selon que l'âge est avancé. Pendant la nuit si la fièvre est considérable, on donnera la moitié de la dose de la poudre cidessus, en y ajoutant quelques grains de nitre ou de poudre de contrayerva. L'effet qui en résulte est une douce moiteur.

Après quelques jours de l'usage de ce remède, l'enfant éprouve moins de gêne dans la respiration, les accès de toux sont moins fréquens, et la fièvre moins forte : On diminue alors le nombre des prises, et ce qu'on donnait en un jours sert pour deux ; on continue ainsi jusqu'à parfaite guérison. J'ai plusieurs fois employé ce mélange avec succès non seulement dans le traitement de la coqueluche mais encore, dans le cas où le ventre des enfans commençait à s'obstrure ; le tartre stibié à très petites doses à produit alors les meilleurs effets.

AUX EDITEURS DE LA GAZETTE MEDICALE DE MONTREAL.

Québec, 8 Nov. 1844.

Messieurs,—Je prends la liberté de vous prier de faire paraître dans votre Gazette Médicale le projet, ci-joint, d'association et d'Assemblée Générale de la Profession, et d'ouvrir vos colonnes aux Médecins qui voudront s'occuper du plan ; sans doute, que ce sera un bon moyen de l'ammener à maturité et de connaître le chiffre de l'association du mois de Juin prochain.

Je ne tiens pas à une assemblée préliminaire aux Trois-Rivières, peut-etre qu'il serait tout aussi bien de suggerer de ne faire que deux assemblées, une à Montreal et l'autre à Québec; les Médecins des Trois-Rivières pourraient joindre soit l'une ou l'autre de ces assemblées, à leur choix : par là, on dérangerait moins les gens. Chacune des assemblées générales, après discussion, &c., élirait 10 membres, qui formeraient un bureau de 20, avec pouvoir de baser un plan, règles &c., et de s'assembler quand et ou bon leur semblerait ; ils seraient tenus en formant un corps de règles, de bien s'attacher à l'opinion des deux assemblées générales, ils annonceraient ensuite publiquement l'existence de l'association &c. je vous prie instamment de vous occuper de ces détails, et de nous donner vos idées la dessus. Je garde pardevant moi les signatures des Médecins obtenues dans Québec seulement : pour point de départ, je ne me suis attaché qu'à rencontrer l'assentiment de la majorité ; nous ne pouvons pas esperer que tout les membres de

la Profession dans la Province voudront s'associer, mais avec un chiffre de 100, nous serions amplement en moyens de nous entre-secourir dans les cas de malheur ou de détresse.

J'ai l'honneur d'être
Messieurs,
Votre très humble etc.
Jos. Painchaud.

MEDICAL FUND OR MEDICAL ASSOCIATION.

The objects of this Association are :—

1. To afford relief to distressed Physicians, caused by inability to practise, whether it be through age or any other infirmity.

2. To relieve or assist their widows or children, the relief to be extended to the latter until 21 years of age.

The Association will not commence to extend relief to any persons until after the expiration of ten years.

The annual subscriptions during the 10 first years with the Inteterest thereon accruing will form the Capital of the Fund, which will remain untouched and shall be placed at Interest on good landed security.

All petitions for relief and assistance shall be addressed to a Committee or Board, which shall be composed as follows, that is to say:

The Board shall consist and be composed of 20 Associate Members 10 of whom shall reside at Montreal and 10 at Québec.

The Board shall elect the President, Vice-Presidents and Secretaries, and Treasurers for one year, and the Officers thus elected shall be entitled to no emolument whatsoever.

The Board shall present annually their report to a General Meeting of the Association which shall be held alternately at Quebec and Montreal on the first day of June of each year.

The first General Meeting shall be held at Three-Rivers on the first day of June 1845.

All Rules and Regulations which may be adopted by a majority of Members of the Association present at the first General Meeting thereof shall be and remain in force for the period of 20 years.

The Presidents, Vice-Presidents and Secretaries of both Medical Boards are requested to interest themselves in the project of the Association and the convocation of the next meeting.

We calculate on 100 Membrs, each of whom shall pay annually the sum of . . . . . £3.

In 10 years each Member will have paid . . . £30.

In 10 years the capital with Interest multiplied will amount to . . . . . £4558.

At the expiration of 10 years, the sum at the disposal of the Committee for the above purpose for the first year will be the Interest of the Capital, . . . £285.

But with the subscriptions of each subsequent year the sum at their disposal to be distributed as circumstances may require, will be . . . . . £585.

We have reason to believe, that an Association of the present nature will receive support from Physicians who are in affluent circumstances and who are without family, bachelors either by donation or legacy ; and perhaps it may, even, receive similar aid from those who do not belong to the Profession and in this opinion, we are strengthened when we consider the end of this *laudable* and *praiseworthy*, institution.

The undersigned without pledging themselves entirely to the above mentioned project, are nevertheless in favour of a general meeting of the Profession to take into consideration and discuss its merits.

Jos. Painchaud,	T. Chavert,
M. Bardy,	J. E. J. Landry,
Pow. Stansfeld,	John Hall,
Pierre Baillergeon.	Jas. A. Sewell,
J. E. Nault,	John Rowley,
Denis Blanchet.	John Racey,
L. J. Roy,	J. B. Blais,
P. J. Tourangeau,	Ed. Rousseau,
James Wolf,	Frans. P. Seguin,
Jos. Parant,	J. G. L'Espérance,

SIR JAMES GRAHAM'S MEDICAL REFORM BILL.

The following is a correct abstract of Sir James Graham's "Bill for the the better regulation of Medical Practice throughout the United kingdom" :—

The preamble says—"Whereas it is for the good of all Her Majesty's subjects that the knowledge of physic and surgery should be promoted, and that means should be afforded whereby those who have been examined and found skilful by competent authority may be known from ignorant and unskilful pretenders to the same knowledge : and whereas the laws now in force concerning the profession of physic and surgery require to be amended, be it enacted," &c.

The first clause goes on to enact the repeal of various existing statutes bearing on the medical profession, and "so much of any actor charter granted before the passing of this act as prohibits any person from

practising physic or surgery in any place, or as imposes any restriction on the practice of physic and surgery other than is contained in this act."

2. Proposes to establish a "Council of Health, and Medical Education, to be composed, 1st, of the Regius Professors of the Universities of Oxford, Cambridge, Dublin, Edinburgh, and Glasgow; 2nd, of a physician and a surgeon, to be chosen respectively by each of the Colleges of Physicians and the Colleges of Surgeons of England, Ireland and Scotland; and 3d, by six other persons to be appointed bo the Queen—one to be a principal Secretary of State, who shall be President *ex-efficio*.

(From Clause 2 to 13 refers to the Constitution and Regulations of the Council.) Eds. M. M. G.

13. Council to keep and publish a register of all who produce qualifications to practise as a physician, a surgeon, or a licentiate in medicine and surgery; £5 to be paid by physicians and surgeons for registration, and £2 by the licentiate; such sums to be applied to defray the expenses of carrying out the act. Names and qualifications to be forwarded in January each year.

14. Licentiates in medicine and surgery to be twenty-one years old and to have been examined by the colleges in either country, but if in England by the Apothecaries Company also.

15. None, with certain exceptions, to be registered as surgeon unless twenty-five years old, and examined, on showing that he had applied to surgical studies for five years.

16. Physicians to be registered if twenty-six years old, and graduates in medicine of some British, Irish, or foreign university, after five years medical studies. Foreign graduates to be first certified by some of the colleges.

17. Relates to registering as physicians and surgeons.

18. Physician and surgeon registered after examination to be associates of the college in which he has had his diploma, and, on removal to either part of the United Kingdom, to be an associate of the college of that part without further examination.

19. Each college to give the council its curriculum when called upon; council empowered to make such changes as it may deem necessary to equalise the qualification and the fees necessary for examination.

20. Hereafter no degree in the faculty of medicine to be given unless the person matriculated in the same university, and attended medical instruction in it for two years next before the granting of the degree.

21. Lawful for any university to grant the degree of Bachelors in the Faculty of Medicine to persons twenty-two years old, who have otherwise pursued certain studies.

22. No bye-laws of any of the colleges to be valid until approved of by the Council of Health.

23. The students at the several hospitals and medical schools to be registered as directedby council—fees not to exceed 10s. each, and to be remitted to council.—No hospital or school to be recognised which neglects this registration.

24. Relates to the examining bodies.

25. Authorises the council to depute its secretary or any member to attend at the examinations, and to ascertain if the regulations in respect to them and to qualification have been adhered to.

26. After passing of the act, no person except registered as above, to be "appointed to any medical or surgical office in any public hospital, prison, infirmary, dispensary, workhouse, or other institution," or in the Army orNavy, or East India Service. Council can proceed to specify what such public offices are.

27. Exempts all so registered from serving on juries. and none else are evidence on medical or surgical subjects in courts of law.

28. Lawful for council, within twelve months, to register any physician, surgeon, or apothecary, on production of diploma or certificate; and

29 and 30. All who, after the passing of the act, appointed to and practice in, any public, medical, or surgical office, are liable to a penalty of £20, and none but registered persons, or those who can shew that they were legally practising when the act passed, can recover at law, for professional attendance, or "for any medicines prescribed or administered."

31. Persons falsely pretending to be registered liable to fine and imprisonment, as court may award.

We received some time ago the first part of a Practical Treatise on Ophthalmic Medicine, by Ed. Octavius Hocken, M. D. We could not then do any more than look it over cursorily; we have, however, had time since to peruse several of the articles, and have not any hesitation in expressing our opinion as to the work being a "complete practical digest" or compendium of the present state of Ophthalmic Medicine. The work, when perfected, is to consist of three parts, each of which will contain upwards of 100 pages, in very close but beautiful type. We extract from page 28, sec. IV, (Vascular disturbance without inflammation &c. &c.,) as affording a good example of the manner in which the diseases are described:—

VASCULAR DISTURBANCE WITHOUT INFLAMMATION.

Under this head I intend to consider, 1st. simple vascular fulness; 2nd, deficiency of blood; thirdly, hæmorrhage from the conjunctiva.

Conjunctival hyperœmia is an important symptom in many of the diseases of the eye, as I shall have hereafter to explain, and in many other affections connected with determination of blood to the head. We look at the conjunctiva for information in apoplectic subjects, in fever, or inflammatory disorders of the brain, and are often called on to prevent active congestions from passing into the stage of inflammation, when occasioned by mechanical injury or irritation.

Anœmia, also, is a valuable criterion in affections of the head de-

pendent on exhaustion; one frequently resorted to in the diagnosis of amaurosis, and as a guide, amongst other symptoms, for treatment.

Hæmorrhage from the Conjunctiva (vide Author's Paper, Med. Gaz. vol. ii. 1839-40, p. 337).—It would seem that hæmorrhages are most likely to occur spontaneously from mucous membranes, being, in the generality of cases, the result of transudation through the coats of the blood-vessels and the investing membrane, or more rarely from direct rupture of some vascular branch. When depending on transudation, the condition necessarily supposes a pre-existing condition of capillary hyperæmia, which may be either active, passive, symptomatic, or sympathetic, and either active or passive, in its local and general symptoms, with every intermediate shade. As all the mucous membranes are predisposed to spontaneous hæmorrhages, so those are especially which are most active in their functions, and receive the largest vascular supply; hence the frequency of hæmoptysis, hamatemesis, and melæna, and the comparative infrequency of hæmorrhage from the conjunctiva. That hæmorrhages occasionally do take place from the conjunctiva the following case will prove:—

An interesting example is narrated by Dr. Kersten, of Magdeburg (Rusts' Mag., bd. 58, heft 1), who remarks that there are two sources whence the blood flows in these cases; either there is a real secretion of bloody tears by the lachrymal gland, which is a very unusual occurrence, or hæmorrhage takes place from the conjunctiva of the globe or eyelids, or from the caruncula lachrymalis.

TO THE EDITORS OF THE MONTREAL MEDICAL GAZETTE.

GENTLEMEN,—The following case is at your service, should you deem it worthy a place in your periodical:—

Catherine R., aged about nineteen at the time of her accident, in September, 1843, fell from a window two stories high, (while employed in washing it,) on the flag pavement, by which her back was severely hurt; it having most probably been the part that first struck the ground. She was in consequence taken to the Nunnery Hospital, where, by her account, she remained about three months, when she was discharged. She then applied for admission into the Montreal General Hospital on the 12th December, 1843. At that time she was paralytic of her lower extremities, which were also rigid and inflexible; the whole surface of the body was in a state of extreme sensibility, so much so, that she could not bear to be examined, or even handled to render her ordinary assistance, her countenance was ex-sanguine and indicative of suffering, pulse about 100, small, bowels torpid, surface, particularly that of the extremities, cold. She had never menstruated, although her appear-

ance was womanish, and her mammæ developed. There was no deformity of the spine, which was extremely tender throughout its whole length. It was somewhat difficult to obtain her case, as she is not a very intelligent person. The report she gave of her previous treatment was, that she was blistered and rubbed with liniments, but was never bled nor cupped.

It appeared to me that a great deal of her present suffering depended on hysteria; it was not, however, so easy to determine how far the principal symptom, (the paraplegia,) might be fairly attributable to the injury sustained by the spine, or how far it might depend on hysteria. She was several times cupped on the back, and had blisters and stimulating liniments freely applied, both to the spine and epigastrium; purgatives, as aloes, croton oil, &c., were exhibited, in order to keep the torpid bowels open, assafœtida and valerian were given, both by the mouth and per anum; two applications of leeches were made to the labiæ externæ, after the first of which, she had a slight catamenial discharge, which is the only occasion it has ever appeared. At this time she made an unusual exertion, by which means she was able to get out of bed, with some assistance. The nature of the case becoming now more apparent, the cold shower bath, and carbonate of iron, were prescribed; and with the object of inducing a return of her menstrual function, an injection of liquor ammoniæ in milk, (per vaginam) according to Lavagna's suggestion, was twice given her, without any apparent effects; under this treatment, however, she gradually improved, and by the end of that month (December) she was able to leave her bed, unassisted, and to walk a few steps. During the above period she occasionally suffered from tympanitis, which, coupled with the morbid sensibility of the abdomen, caused her much suffering. The clavus hystericus, and pain under the mammæ, also occasionally added to her distress.

My attendance at the hospital terminating at the end of the month, she left my care, 'till September of the present year; during which interval, it appears she remained in hospital, with the exception of a day or two, when, being supposed sufficiently well, she was discharged, but was immediately obliged to return. It is stated that during the above period, the treatment was in general like that which has already been related, and that her complaints were much of the same character, varying in severity, at different periods. It was also reported that for the greater part of the time she suffered from retention of urine, which was regularly obliged to be drawn off by the catheter.

For some time she was confined to bed by a rigid spasm of the muscles of the lower extremities, by which her feet were drawn up, and her limbs contracted. She also suffered from epigastric pain, and vom-

iting after eating food; and in consequence, was supposed to be affected with gastritis. On my resuming the charge of the hospital, I found her suffering (as above related) from frequent vomiting, particularly after food, of acid, watery, and curdled matters; the quantity far exceeding her ingesta. There was great tenderness of the epigastrium, and generally over the abdomen, with occasional distressing tympanitis, her pulse afforded no indication of inflammatory action; her countenance ex-sanguine, was liable to frequent flushing, from the exacerbations of pain to which she was subject; her lower extremities in rigid spasm, the feet being curved by the action of the flexors of the toes; her spine very painful on pressure.

There was no wasting of the limbs or of the body, her tongue clean and natural, bowels daily moved, appetite capricious, and temper irritable; there had not been any return of the catamenia. Although she was unable to walk, from the spasmodic state of her feet, she was, however, generally able to sit up daily.

The pil: aloes cum myrrha, and carbonate of iron, with the cold shower bath, were ordered. The vomiting subsided for a short period, but returned about the middle of the month, particularly after eating. The ejecta much as already described, in addition to which she suffered from a pain of the right hypochondrium, and epigastrium—antacids, opium, and creosote, were exhibited without any very apparent effect; she was cupped over the epigastrium, which afforded temporary relief; the pain, however, moved to the right breast, and occasionally shifted about to other parts; her pulse generally being about 80 to 100, never indicated any inflammatory action going on. Camphor, ammonia, lime water, opium, tris-nitrate of bismuth, æther, brandy, hydrochloric and sulphuric acids, and quinine were severally prescribed, belladonna plaster to the epigastrium, tartarized antimony and blisters to the spine and epigastrium; sinapisms and liniments were all tried, without any very apparent effect on the vomiting, or on the nature of the ejected matters; when, on the 25th of September, she was put under the mesmeric influence, during which time she appeared perfectly insensible to pressure over the abdomen, which she could not previously have borne; for some time after the effect had apparently subsided, she felt easy, and free from vomiting; it, however, returned with the same violence, the epigastrium was again blistered, and the belladonna plaster applied, from which no apparent benefit resulted; she was again mesmerised; on recovering from which, she had an hysterical fit, (it appears that she has had several on former occasions;) her vomiting subsided, and did not return for four days, and she slept better; after this short respite the vomiting returned as formerly.

About the beginning of October, it was reported that there was an

occasional transient procidentia of the bladder, or some of the pelvic viscera, which she was very sensible of, from her feelings alone ; this descent was not attributable to posture, and appeared to depend more on some convulsive action about the pelvic viscera ; upon examination per vaginam, great irritability of the genitals was discovered, the uterus normal, and in situ, the os tincæ very sensitive, the slightest touch giving great pain, and inducing a bearing down of contiguous parts, but no prolapsus of the bladder, nor other viscus was discovered. Two leeches to the labiæ externæ were ordered ; an injection per vaginam of nitrate of silver, (gr. x to the ounce, of distilled water,) to be thrown up daily, cupping glasses and a blister to the sacrum, cold shower bath and tincture of lyttœ gtt. x x x bis in dies were directed.

The vomiting continued. In other respects, the treatment appeared to benefit her, and the prolapsus disappeared for a few days, when it again returned in the same transient and active manner; this opportunity being seized to ascertain its nature, an examination was made, when about an inch of the internal membrane of the rectum, was found protruded from the anus, appearing firm and rigid, of a rosy color, which almost as soon as perceived, reduced itself unaided, by a rapid and powerfully vermicular motion ; she was not aware of any cause for the descent of the bowel, and had not been straining in any manner, nor was she out of bed. At this period she sat up daily; her appetite being capricious, she relished some salt meat, but which was like all other things she took into the stomach, vomited. It may be right to notice, that her diet was varied in every way that could be thought of, without any advantage.

It is not necessary to report the remainder of the case minutely, it will suffice to say, that the vomiting persisted, sometimes being severe, at others easier, till the 19th of October, when her bowels became torpid. The treatment has since been pretty much as before ; cupping and blistering of the epigastrium and spine. Purgatives, as ol. ricini, spirit terebinth, jalap, calomel, elaterium, croton oil, the fœtid, common and turpentine enemata, opium, hyosciamus, camphor, creosote, hydrocyanic acid, valerian, &c. &c.

On the 6th November, 19 days from the commencement of the constipation, her vomiting continuing daily; there being no tumefaction nor tension of the abdomen, (which was occasionally painful,) no febrile excitement nor unnatural state of the pulse; the ejecta were observed to be different from what they usually were, being oily, and darker colored ; and it was thought that possibly some of the oil of the enema previously administered, had been vomited up ; to prove which, an enema with spirit of turpentine was given, which was in like manner vomited, the smell being very palpable, together with a feculent odour,

and appearance. Her bowels still continued unmoved ; in fact, the peristaltic action of the bowels seemed now quite inverted; on the 9th she had another turpentine enema, which was vomited almost immediately, the nurse declaring *it could not have been three minutes in the bowels.*

Simple unirritating broth enemata ordered, as nourishment, were in like manner thrown up. With all this distress, she sat up daily, and walked about, and generally passed sleepless nights. On the 11th, 24 days from the commencement of the constipation, I directed her again to be mesmerised, recollecting the soothing effect it formerly had on her, and observing the utter inefficacy of all therapeutic remedies.

This mesmerising at once induced sleep, and quieted her stomach in a great measure, as she only had occasionally while awake, some retching but no vomiting ; this quiet continued for three days. She was again put under the "influence," on the 14th, which obtained for her a quiet night, and sleep. On the following day her stomach was quite at ease, and she ate food, which remained on the stomach, and which had not been the case for several weeks before. Purgative enemata were ordered ; she again vomited on the 15th, and was again mesmerised, and a turpentine enema given, *which produced a motion from the bowels some time afterwards, upon her going to the water closet*, the first passage *per vias naturales* she has had for 28 days.

Many circumstances of the case have been omitted for the sake of brevity ; it may, however, be remarked, that she has not emaciated, and that she has had occasional short but strong hysterical fits, particularly after she is recovering from the mesmeric influence. She frequently sings and talks while under the "influence," but does not hold a conversation; she appears averse to being subjected to it, although she does not assign a reason.

Although I am fearful that if this mysterious *science*, (if I may use a *misnomer*) were generally cultivated and adopted, it might occasionally lead to very immoral consequences, I still cannot deny the beneficial, (although temporary) influence it has had in the above case, and no doubt, would also in many others, and I must plead in apology for the desultory history of the case, and its treatment, my wish to reduce the "Protean malady" of twelve months duration, to a limit suitable to your pages. Those who have followed this ever changing disease, through its infinity of shapes, will admit the impossibility of doing otherwise, without the certainty of tiring your readers; although I know of few diseases so puzzling to the inexperienced, or which require more attention and careful study and observation. For the same reason I am obliged to pass over with so brief a notice, the extraordinary rapidity with which the enema given on the 9th November was thrown

up by the stomach, and the remarkable vermiform activity of the prolapsed rectum. It may be that I shall give you some further account of the case, should more decided effects follow the treatment.

I am,

Gentlemen,

Your obedient servant,

J. Crawford, M. D.

St. James Street.

November 21, 1844.

St. James Street, 28th November.

I have the pleasure to add to the account I have given of the case of Catherine R., that the natural peristaltic motion of the bowels, has been restored, and that she has had daily a regular evacuation per vias naturales, now having little to complain of, but occasional slight pain of her chest, or headache, and being still unable to discharge her bladder.

I had forgotten to mention a curious physiological and interesting fact, that while the mesmeric influence is affecting her, there is scarcely any urine secreted, although she has occasionally slept upwards of 24 hours at a time. This fact does not appear to me accountable singly, from the circumstance of her not drinking during that period. It perhaps affords us a useful hint in the treatment of diabetes ; but of course I am quite unprepared to reason on the point; useful remedies have been originated on less philosophical grounds. I therefore venture to give this crude suggestion, upon the basis I have mentioned. It was my intention to have tested the actual quantity of urine secreted in a given time, while under this peculiar influence ; but as we have attained our object for the present, I am not desirous of interfering too much with her ; should an occasion offer, which is likely, I shall not overlook it.

I am, &c.,

James Crawford.

THE MONTREAL MEDICAL GAZETTE,

Omnes artes, quæ ad humanitatem pertinent, habent quoddam commune vinculum, et quasi cognatione quadam inter se continentur.—*Cicero.*

MONTREAL, DECEMBER 2, 1844.

We beg leave to direct the attention of our readers to two very important articles in our present number :—The abstract of Sir James Graham's Medical Bill for Great Britain and Ireland, brought before

the House of Commons on the 7th August last; and Dr. Painchaud's proposition for forming a Medical Fund, or Medical Association for the relief of distressed or incapacitated members of the Profession in Canada East.

Time was, when from the expense and difficulty of obtaining information relative to the state of the profession in the Mother Country, and the length of time which intervened between the successive importations of British Medical Journals, ordered by a very small number of the members of the Profession in this country, scarcely any interest was felt as to what was going on at home; but a different state of things now exists. In almost every city in the United Province some men are to be found who received their professional education, either wholly or in part, in one of the portions of the United Kingdom; many who rejoice in it as their birth-place, and all who now look to the great men of our profession in that country, as the men they should emulate, or whose zeal in elevating the character of their profession they desire to imitate. Many of our readers may not be aware that the Profession in Great Britain is made up of three totally distinct ranks or orders; pure Physicians, pure Surgeons, and Apothecaries, or more generally known as general practitioners. The former two practise only in their respective branches of Medicine and Surgery, while the latter, (many of whom being M. D.s of one of the Universities, and Licentiates of one of the Royal Colleges of Surgeons, possess themselves also of the license of the "Society of the Art and Mysteries of Apothecaries,") not only take under their care, Medical and Surgical cases indiscriminately, but make up their own prescriptions, or in other words, dispense their own medicines. The Colleges of Physicians and Surgeons, and the Society of Apothecaries, are all endowed with certain privileges conferred upon them by royal charters or acts of the Imperial Legislature. The Charter of the first, granted by Henry VIII., and confirmed by subsequent statutes, first constituted a legalized Medical Profession in England, and this Charter has governed and swayed the destinies of this portion of the profession up to the present day, after a lapse of nearly three and a half centuries. The Royal College of Surgeons did not receive their Charter until the beginning of the present century, we believe in 1800; it was only in 1745, that they were distinguished and separated from the barbers, during the reign of George II. The legal constitution of the Society

of Apothecaries was only given to it in 1815. But owing to the fixed determination of the heads of these respective bodies to be guided not only by the spirit but the letter of their Charters, and the provisions in each, with the Bye-laws thereon established, proving excessively unpopular to the rising generation, efforts began as early as 1807 to be made, with a view to reform the Royal College of Physicians, and from that time until the present, means have been unceasingly adopted for the reform and modification of all the Medical Institutions in Great Britain. And to what is the present proposed reform mainly attributable? To the establishment in all the divisions of the Kingdom of Influential Medical Associations. Indeed, by comparing the three great principles of Sir J. Graham's Bill with the petition of the Provincial Medical Association presented to Parliament in 1840, we cannot fail of recognizing the basis of their petition. The three principles in the Medical Reform Bill, are: 1st. Uniformity of qualifications among practitioners of the same class, wherever licensed in the United Kingdom. 2d. Uniformity of privileges in the three divisions of the Kingdom. And 3d. The abandonment of prosecutions and penalties against unlicenced persons, but with the substitution of strong inducement, in the way of privileges, for all to qualify themselves.

The prayer of the petition of the Provincial Medical and Surgical Association was summed up in one:

"That there should be erected one General Medical Institution or College, and one examining or licensing body, in each division of the kingdom."

They did not contemplate in this the degradation of the profession, as many would a *priori* suppose; they did not conceive that by establishing a minimum of qualification, without which no person should be suffered to undertake the responsibilities of the profession, they would be levelling the higher departments of it. On the contrary, they saw a means by which men less favored by fortune after having proved themselves competent to enter upon the anxious and important duties of their vocation, (being qualified for all,) might and would select that department which was most congenial to their tastes, or for which they were best fitted, and by excellence in it would have a right to enjoy those high privileges connected with the highest departments hith-

erto denied to all who had not taken their degrees at one or other of the English Universities. There are some points in Sir James Granam's Bill, of which, we must confess, we do not entirely approve, but we must take them up at a future time. In the interim, we recommend to the careful perusal of our brethren this important document.

Whatever has a tendency to elevate the character of the medical profession as a body, in this Province ; to effect a higher standard of the requirements of its members as scientific men ; to form a bond of union for mutual protection and the maintenance of their just and legal rights ; and to generate among them those feelings which should alone be found to exist among men engaged in the same pursuits, and which, unfettered by paltry jealousies, would have the effect of animating them with an ardent desire to advance the science of medicine, not only for the benefit of mankind, but also for their own reputation's sake, will ever claim and have our warmest support. The truth of the axiom, "Union is Strength," has been shewn to be most true, in reference to our profession, in the United Kingdom ; we well remember, when Dr. Hastings of Worcester and a few friends, proposed to establish the "Provincial Medical Association" in 1831, and how has it thriven? In 1840 the number of its members amounted to nearly 1200, and it has progressively increased, independently of several branch associations having been formed in different districts for co-operation with it, their parent one. We hailed with much pleasure the establishment of the Medico-Chirurgical Society of this city; that of the Toronto and Home District Medico-Chirurgical Society; and we were delighted more recently to hear, that the Medical Society of Quebec was about to be revivified. We hoped that these collectively would one day form the nucleus of a general association of the members of the profession in Canada. The appearance of Dr. Painchaud's proposition in our present number, proves, that we had not formed a wrong opinion on the subject.

But with all deference, we must submit, that the scheme of our Quebec confrères is far too limited, both in its design and the sphere of its action. That a charitable fund should be the grand connecting link of such an association, we most heartily concur in, but the objects contained in the first few lines of this article we deem to be equally

essential. The Medical Profession in Canada is yearly, nay monthly, increasing in numbers, to such an extent, that it almost claims to be regarded as a corporate body, and from the influence of its members, it would be enabled to obtain, by respectful representation of its wants, those legislative protections to which it may become entitled; moreover, with the increase of the Province, from whence could such correct opinions be obtained by Government on many most important statistical and hygienic matters, as from an association of professional men, assembled from all parts of the Province? Again, we have a great distaste for *monopolies*, and we cannot think that our friends at Quebec would desire to limit membership to merely the professional men of Lower or Eastern Canada. We would much rather see men belonging to such an association, meeting once a year for the discussion of various matters appertaining to their profession, and coming from all the places between Gaspé and Manatoulin. Not that we would approve of the anniversary meeting being held at either of these places, but we conceive, that holding meetings alternately, at one of the principal cities in Eastern and Western Canada, would have the effect of cementing the members of the profession into a more solid body, without reference to any other circumstance whatever, but those which bore upon the profession itself. We shall be most happy to insert the opinions and suggestions of our brethren in all parts of the Province on this important proposition.

MEDICAL MISCELLANY.

The Faculty of Medicine of the University of M'Gill College commenced their Lectures on Monday the 4th ult.—From reports that have reached us, we have reason to believe that the number of medical students attending public or private Lectures in this city during the present session, will not fall far short of, if it do not exceed, 100. 47 have matriculated at the College of Medicine. A very excellent introductory Lecture was delivered by James Crawford, M. D., on Saturday, the 9th ult., to the students of the Montreal General Hospital of this city, preparatory to a course of Clinical Lectures which are to be given at that institution during the session. A Lecture is to be given every Saturday; with a weekly Clinical Lecture at the General Hospital, daily Clinical remarks in the wards of the Hotel Dieu, and bi-weekly Cli-

nical Lectures at the Self-supporting Dispensary, students will have but themselves to blame, if they do not derive every benefit from "personal practical observation" of disease. One of the two new and very commodious wards lately added to the Hotel Dieu was opened during the third week of November; when both the wards are occupied, accomodation will be afforded in that excellent institution to 100 in-door patients.—A very important medical convention was held in Philadelphia, during the last week of October, for the discussion of the following subjects:—The medical and moral treatment of the insane; the construction and organization of asylums; the jurisprudence of insanity; the prevention of suicide; statistics of insanity; asyla for idiots and colored persons; the prevention of insanity, and insanity in prisons. All these subjects, after full discussion were referred to appropriate committees, to be reported upon.—The anniversary meeting of the Medico-Chirurgical Society of this city was held on the first Saturday of October, when it apeared from the Secretary's Report, that in addition to the nineteen original members constituting the Society, thirteen new members had been admitted during the year; the Society had met twenty times during the same period.—The Medical Students' Society of M'Gill College, and the College of Medicine, have commenced their meetings for the session; the objects of these Societies are praiseworthy. The first competitor for the Clinical Report Prize offered by the Editors of this Gazette, has forwarded the first of his series from the Marine Hospital of Quebec. The specimen is good.

TO CORRESPONDENTS.

Medicus cannot appear.—We have come to the determination not to admit any communication under an assumed title, which purports to attack the opinions entertained by the writers of any papers in the Medical Gazette, unless such impugning be based upon facts which have come under the personal cognizance of the critic, and which had been previously omitted.

Dr. Bourgeois' letter has been received. He will shortly hear from us by post.

J. T. N. Quebec.—We hope soon to receive another proof of his attention, on Hospital practice.

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LES PROFESSEURS DU COLLEGE DE MEDICINE ayant procurés un établissement très vaste dans la Rue St. Urbain, offrent aux ETUDIANS EN MEDECINE de cette Province tous les avantages possibles pour l'Etude de leur Profession, et ont le plaisir d'annoncer le programme suivant des Leçons pour la prochaine session. Les Lectures commenceront le 1er jour d'Octobre et se termineront le dernier jour d'Avril—il sera donné deux cours complets de Lectures dans les deux langues.

Accouchemens, Maladies des Femmes et Enfans, par le Dr. ARNOLDI, fils, 9, A. M.
Matière Médicale et Therapeutics, par le.....Dr. SUTHERLAND, 10, A. M.
Chirurgie, par le.....Dr. MUNRO, 11, A. M.
Anatomie et Physiologie, par le.....Dr. H. NELSON, 2, P. M.
Pathologie, Pratique de Médicine, par le.....Dr. BADGLEY, 3, P. M.
Chimie et Pharmacie, par le.....Dr. SUTHERLAND, 7, P. M.

Des Lectures Cliniques sur la Médicine et la Chirurgie, seront délivrées au Dispensaire Publique durant la Session.

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It will be published in the course of the year, in parts of 80 pages each, at 3s. 9d. a part, payable on delivery; and will be, if required, mailed to Subscribers residing out of the city.

Subscriptions will be received by R. W. S. MACKAY, No. 115, Notre Dame Street.

Montreal, 15th July, 1844. A. C. NELSON.

UNIVERSITY OF NEW YORK.

The Lectures in this Institution will commence on the last Monday of October, and continue four months.

VALENTINE MOTT, M. D.—*Professor of the Principles and Operations of Surgery, with Surgical and Pathological Anatomy.*

GRANVILLE SHARP PATTISON, M. D.—*Professor of General, Descriptive, and Surgical Anatomy.*

JOHN REVERE, M. D.—*Professor of the Theory and Practice of Medicine.*

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JOHN WILLIAM DRAPER, M. D.—*Professor of Chemistry.*

PROF. DRAPER—*Secretary of the Faculty*, 659 *Broadway.*

APPOINTMENTS BY THE PROFESSORS OF SURGERY AND ANATOMY.

WILLIAM DARLING, M. D.—*Prosector to the Professor of Surgery.*

JOHN H. WHITAKER, M. D.—*Demonstrator of Anatomy.*

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